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Date:	September 14, 2007		
To:	U.S. Patent and Trademark Office	Fax Telephone #:	571-273-8300
		Office Telephone #:	
From:	David A. Park	Date Sent:	
Subject:	Applicant: Dong-Gyu Kim Serial No. 09/977,684	Time Sent:	
Client/File:	AB-1587 US	Fax Operator:	

This transmittal consists of 9 total page(s), including this cover sheet.

Message:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Dong-Gyu Kim
Assignee: Samsung Electronics Co., Ltd.
Title: Color Filter Plate and Thin Film Transistor Plate for Liquid Crystal Display, and Methods for Fabricating the Plates
Serial No.: 09/977,684 Filing Date: October 16, 2001
Examiner: Dung Nguyen Group Art Unit: 2871
Docket No.: AB-1587 US Confirmation No. 3843

Irvine, California
September 14, 2007

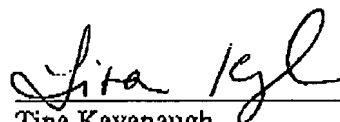
FAX NO. (571) 273-8300

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1405
Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following Transmittal Letter (1 page), and Response to Office Action (6 pages) are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: September 14, 2007


Tina Kavanaugh

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September 14, 2007

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Applicant(s): Dong-Gyu Kim
 Assignee: Samsung Electronics Co., Ltd.
 Title: Color Filter Plate and Thin Film Transistor Plate for Liquid Crystal Display, and Methods for Fabricating the Plates

Serial No.: 09/977,684 Filed: 10/16/2001
 Examiner: Dung T. Nguyen Group Art Unit: 2871
 Dockct No.: AB-1587 US Confirmation No. 3843

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Facsimile Cover Sheet;
- (2) This Transmittal Letter; (1 page)
- (3) Response to Office Action (6 pages)



No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	<u>Claims Remaining After Amendment</u>		<u>Highest No. Previously Paid For</u>		<u>Percent Extra</u>	<u>Rate</u>	<u>Additional Fee</u>	
Total Claims	7	Minus	25	=	0	x \$50.00	\$	0
Independent Claims	1	Minus	4	=	0	x \$200.00	\$	0
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application						\$	
<u>Total additional fee for this Amendment:</u>							\$	0
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input type="checkbox"/>	Please charge our Deposit Account No. 50-2257 in the amount of						\$	0
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257							
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Tina Kavanaugh
 Tina Kavanaugh

September 14, 2007

Respectfully submitted,

David S. Park

David S. Park
 Attorney for Applicants
 Reg. No. 52,094

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Irvine, California
September 14, 2007

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated June 14, 2007, Applicant requests reconsideration of the Application in view of the following amendments and remarks.

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